Panel #4

STATEMENT OF
DON SIMONS
THE AMERICAN LEGION
BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE DRAFT NATIONAL CARES PLAN

OCTOBER 3, 2003

Mr. Chairman and Members of the Commission:

Thank you for the opportunity today to express the local views of The American Legion on the Department of Veterans Affairs' (VA)'s Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 17. As a veteran and stakeholder, I am honored to be here today.

The CARES Process

The VA health care system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. About 10 years ago, VA began to shift from the traditional hospital based system to a more outpatient based system of care. With that shift occurring over the years, VA's infrastructure utilization and maintenance was not keeping pace. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately $1 million a day on underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the population of veterans and their medical needs and decide the best way to meet those needs. CARES was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The timeline for Phase II has always been compressed, not allowing sufficient time for the VISNs and the National CARES Planning Office (NCPO) to develop, analyze and recommend sound Market Plan options and planning initiatives on the scale required by the magnitude of the CARES initiative. Initially, the expectation was to have the VISNs submit completed market plans and initiatives by November, 2002, leaving only five months to conduct a comprehensive assessment of all remaining VISNs and develop recommendations. In reality, the Market Plans were submitted in April 2003. Even with the adjustment in the timeline by four months, the Undersecretary for Health found it necessary in June 2003, to send back the plans of several VISNs in order for them to reassess and develop alternate strategies to further consolidate and compress health care services.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in projecting long-term care and mental health care needs into the future, specifically 2012 and 2022, these very important health care services were omitted from the CARES planning. The American Legion has been assured that these services will be addressed in the next "phase" of CARES. However, that does not negate the fact that a comprehensive look cannot possibly be accomplished when you are missing two very important pieces of the process.

The American Legion is aware of the fact that the CARES process will not just end, rather, it is expected to continue into the future with periodic checks and balances to ensure plans are evaluated as needed and changes are incorporated to maintain balance and fairness throughout the health care system. Once the final recommendations have been approved, the implementation and integration of those recommendations will occur.

Some of the issues that warrant The American Legion's concern and those that we plan to follow closely include:

- Prioritization of the hundreds of construction projects proposed in the Market Plans. Currently, no plan has been developed to accomplish this very important task.
- Adequate funding for the implementation of the CARES recommendations.
- Follow-up on progress to fairly evaluate demand for services in 2012 and 2022 regarding long-term care, mental health, and domiciliary care.

VISN 17- CENTRAL AND NORTH TEXAS MARKETS

The Central and North Texas Markets are serviced by five VA Medical Centers and they are Waco, Marlin, Temple, Dallas and Bonham. There are also several Community Based Outpatient Clinics (CBOCs) scattered throughout the markets to provide needed care to veterans.

Campus Realignment/Consolidation of Services

The Waco VA Medical Center is a multi-VISN referral facility for chronically mentally ill patients and a national referral facility for blind rehabilitation. The facility operates 346 beds, which includes 278 psychiatry beds, 15 blind rehabilitation beds, 33 nursing home beds, and a 20-bed Post Traumatic Stress Disorder Residential Rehabilitation Program. The plan is to transfer services to Temple and then contract and lease these services in the community to meet the demand. The American Legion does not understand the proposal to move these services to Temple. Has VA researched the community to determine if they can absorb these services or are they even willing to work with VA? Does Temple have the space to accommodate such a move? Waco is not a small facility. The American Legion does not believe this proposal has been well thought out, further, the VISN made it clear in their plan that mental health projections were inaccurate and that these projections need to be reconsidered in the next cycle of CARES workload projections. The American Legion believes it is premature to consider this plan for the Waco facility.

The DNP proposes to evaluate the Waco campus for alternative uses to benefit veterans. Currently, an enhanced use lease project takes years to get approved and see some type of benefit for veterans and VA. Before closing or transferring of any services happens, VA needs to ensure that the new location is up and operational and that veterans are not left without services. What will happen to these patients with no structured transition plan in place?

Marlin VA Medical Center currently provides outpatient services to the veterans in the area. The inpatient services have gradually been closed. The DNP proposes to close Marlin altogether and establish a new multi-specialty clinic between Marlin and Waco to provide care to these veterans. Once the entire campus has been divested of its current services, VA will evaluate the campus for an enhanced use lease opportunity.

Outpatient Services

CARES projected an increase in outpatient services throughout the VISN. The DNP proposes to meet that demand utilizing several avenues. The list includes in-house expansions, leasing and contracting in the community. While the list is not inclusive and there is no indication that a priority list has been assembled, implementing these proposals will take time, money, and patience on the part of everyone.

CARES will have a great impact on the veteran seeking care at a VA facility. Veterans need to be assured that care will not be disrupted during this transitional process. The American Legion understands that CARES will continue into the future with frequent tweaks and changes to the initiative. However, we believe one of the highest priorities

and biggest challenges to VA will be a seamless transition into the implementation phase of the CARES process to the veteran.

Inpatient Services

The North Market is expected to see an increase demand in medicine and psychiatry. The Plan calls for expanding in-house services at the Dallas facility through construction and renovation projects. It also proposes to contract for hospital care in Austin. The American Legion has many concerns with contracting care. While we understand the need for it in some cases, we believe it should be used as a last resort. There are quality and accountability issues that need to be addressed.

Thank you for the opportunity to be here today.

Presentations at Waco CARES Meeting

Let me begin by saying that it is an honor and my pleasure to be able to attend this Management Assistance Council Meeting.

I am Gerald Johnson Cowan, Senior Vice Commander of the Department of Texas, Disabled American Veterans. Also, as President of the Greater Dallas Veterans Council, I represent a coalition of the various veteran groups in the Greater Dallas Metroplex.

As I travel throughout Texas and associate with many of our veterans of various service organizations, primarily our disabled veterans, I am ask many questions pertaining to veteran health care, of which I am very concerned. Many of our veterans are approaching me with questions such as:

- Why do we not have a VA facility within a reasonable distance of our residence? (Especially in the southwest and northeast Texas)
- Why do we have to leave Texas and use VA facilities in Oklahoma or Louisiana?
- Why do we have to wait so long for medical appointments? (According to VA, as of June 13, there were 134,287 veterans on waiting lists nationally. Over 51,000 veterans are waiting at least six months for their appointment.)
- Why do we have to wait so long when we do get into a clinic? (Again, according the same VA report, nearly 83,000 are waiting for their first clinic appointment to be scheduled. Many do not get in.)

Without any specific answers I can only provide them with information that I have obtained from reports such as the following.

According to a Disabled American Veterans paper dated February 19, 2003, the Department of Veteran Affairs (VA) reports that it has now reached capacity at many health care facilities around the country.

The VA is rationing medical care, and sick and disabled veterans have to wait far too long for the medical treatment they need. This means that the VA health care system can no longer meet the needs of our nation's service-connected disabled veterans.

Is this the signal we want to send to the millions of American men and women serving on the front lines in Afghanistan, Iraq, in this country, and around the world?

The reason given for this dilemma is:
Federal funding has failed to keep pace with medical care inflation and the mounting financial burden for veteran's health care caused by rising costs and increasing demand for medical services.

The veteran's health care system has been short-changed for decades and many of America's sick and disabled veterans have not been able to get the medical care they need.

Our country is again at war. At this time many of the men and women now returning from Iraq, Afghanistan, and the global war on terrorism will need the specialized medical services VA offers.

Our veterans are concerned about the current situation and how it will affect their medical care in the future. They are asking such things as:

- What is going to happen to the veterans returning from these conflicts? (Many are reserves.)
- What happens to current veterans because there is a shortage of VA services?
- What will happen to these new generation veterans returning that have no physical injuries but 3 to 4 years from now we find out they have mental injuries related to their experiences in Iraq?

The Defense Department announced that the total number of reserve personnel called up for mobilization due to the current world situation exceeds 150,000 and this will bring about a new generation of sick and disabled veterans. It is unquestionable that there will certainly be many of our military personnel needing to use the VA health facilities. This can only cause an increased burden upon the VA facilities in the near future.

I believe the government has a sacred obligation to ensure that our nation's veterans receive the honors and benefits that they have earned through their service to this nation. Because of their extraordinary sacrifices and contributions veterans have earned the right to free health care as continuing cost of national defense.

Eligible veterans must be guaranteed health care services. We must put an end to rationing of health care for sick and disabled veterans that currently exists because of the discretionary funding process. Rationed health care is no way to honor America's obligation to the brave men and women who have so honorably served our nation and continue to carry the physical and mental scars of that service. Those who have served the nation in uniform cannot be dumped aside.

There must be a realignment to reduce the workload at VA Medical facilities. There must be an enhancement of VA services to bring these services closer to the locations where these veterans reside.

I propose that the plans for CBOCs be accelerated and located according to the needs of our veterans of today and not 10 years down the road. This will take away the burden of long distance travel for these aging veterans.

I also propose that a plan similar to the TRICARE system be initiated as a stopgap while the CARES plans are being established.

Long-term care must be projected into the plans of the VA services. Many of our WWII and Korean veterans are in need of these services now. Ten to twenty years from now, most of the veterans of today will not even be in need of any services that the VA system offers.

In order that there might be more stability in funding the health care system for the needs of our veterans, Congress must re-introduce Mandatory Health Care Funding bills designed to guarantee adequate care for our sick and disabled veterans. Therefore, allowing the VA to better manage their medical facilities and bring health care closer to the veterans in need.

Good Afternoon – CARES Commission, Ladies & Gentlemen, and fellow veterans:

Today we are here to protest the unwarranted closure of the most beautiful VA Hospital campus in the country. But beauty isn't what it's all about. In the early 90's, it was a hospital of excellence, and now, a few short years later, the Commission and the VA want to close it. Patients have been siphoned off to other areas. Let's face it, 30 beds here, and 30 beds there, can kill a wonderful hospital whose main function has been to care for the mentally ill and the blind.

In a physical needs hospital, one can be checked by a nurse, examined by a doctor, perhaps given a prescription, maybe scheduled for some tests, and be on the way in 30 minutes to an hour.

In a psychiatric hospital, one can be incarcerated for 14 days, then be moved to a PTSD Ward for 11 to 13 weeks of treatment. Then, if treatment has been successful, the patient graduates to a half-way house for an extended period – all the while needing continued counseling and medication. And this medication must be adjusted and re-adjusted for years, and usually taken for the rest of his life.

Let me tell you a veteran's story. A few years ago I met W.D., a Vietnam veteran. He was operating an antique refinishing business. You hardly ever saw him, he sort of stood in the back watching, while his wife met the public. He was from Missouri and had a 10th grade education. He enlisted in the Army and went to Vietnam. He was a door gunner on a Huey chopper. He won the Bronze Star and Air Medal for doing 25 missions in 1 week. He survived having 2 choppers shot out from under him, and saw much of his crew die, as well as many on the ground. After he came back, he sought assistance from the VA for 12 years but was denied – mostly because of his inability to express himself in words or on paper.

When 9/11 happened, he became unstable. One night he tried to go somewhere and his wife wouldn't let him have the keys, so he twisted her arm. She called the sheriff and he was put in the county jail. The County Judge called me and I asked that W.D. be transferred to the Waco VA PTSD unit, and he was escorted down there immediately. He was evaluated, medicated, and counseled, and then went into the 13 week PTSD Program. After graduating to the "Dom" in Temple, he continues his rehabilitation. He dramatically changed from a withdrawn person with low self esteem, to a clean-cut man that was social and had high expectations for the future.

That's what the Waco VA Hospital is about – salvaging people and returning them to society. This has happened many thousands of times over the past 70 years, and we request that you allow this hospital with its proven record to continue providing its exemplary service to the veterans.

There is no doubt in my mind that integration and the consolidation of facilities of the VA system has caused the psychiatric side of care to suffer. Psychiatric hospitals – and I believe there are only 3 nationwide – should have their own director and staff. It appears that physical needs tend to get the funding because they are more visible.

Wounded minds are more complex and require more programs, lots of counseling, and usually trial of several medicines before the right one is found for the patient. And during this care and need – which can run for many years – the facilities in several buildings are needed as the patient progresses, or regresses, as the case may be.

The mental inpatients and outpatients are my biggest concern. The overly simplistic treatment that Secretary Principi advocates, and I will try to get as close as possible to quote him, "Warehousing mental patients is old fashioned. With the advances in medicine, we can now give them a pill and send them home to their families". There is a fragment of truth in this concept, but only a fragment.

To make every dollar count and not set up a revolving door system, one needs to evaluate, counsel, try medication until the right one is found, more counseling, then keep up the process for whatever time is required. And many of these patients can only function in a controlled, restrained environment. All of this requires special buildings suited for their stages of care, not warehousing such as has been implied, and heaven forbid, jail. Many have wound up incarcerated when their only 'crime' is their mental war wounds.

I am a member of the VFW Dept of Texas Homeless Veterans Committee. On any given day, Texas has about 40,000 homeless veterans, and according to the Vietnam Veterans Association, there are almost 5,000 in McLennan and the surrounding counties. It is a recognized fact that at least 3 out of every 5 of these homeless veterans have some degree of mental health problems that needs to be treated.

So, the answer is not to close the Waco VA Hospital, but to give it its own Mental Health Director, and the budget allocation that Congress told the VA to do, and we can fill up these empty buildings and begin again to treat those with mental wounds as well as physical ones.

Thank you.

Jim Garrett

JIM GARRETT
Dept of Texas VFW Representative

STATEMENT OF
DENNIS R. NIXON
NATIONAL AREA SUPERVISOR
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
WACO, TEXAS
OCTOBER 3, 2003

Mr. Chairman and Members of the Commission:

On behalf of the local members of the Disabled American Veterans (DAV) and its Auxiliary, we are pleased to express our views on the proposed Capital Assets Realignment for Enhanced Services (CARES) Market Plans for this area in VISN 17.

Since its founding more than 80 years ago, the DAV has been dedicated to a single purpose: building better lives for America's disabled veterans and their families. Preservation of the integrity of the Department of Veterans Affairs (VA) health care system is of the utmost importance to the DAV and our members.

One of VA's primary missions is the provision of health care to our nation's sick and disabled veterans. VA's Veterans Health Administration (VHA) is the nation's largest direct provider of health care services, with 4,800 significant buildings. The quality of VA care is equivalent to, or better than, care in any private or public health care system. VA provides specialized health care services—blind rehabilitation, spinal cord injury care, post traumatic stress disorder treatment, and prosthetic services—that are unmatched in the private sector. Moreover, VHA has been cited as the nation's leader in tracking and minimizing medical errors.

As part of the CARES process, VA facilities are being evaluated to ensure VA delivers more care to more veterans in places where veterans need it most. DAV is looking to CARES to provide a framework for the VA health care system that can meet the needs of sick and disabled veterans now and into the future. On a national level, DAV firmly believes that realignment of capital assets is critical to the long-term health and viability of the entire VA system. We do not believe that restructuring is inherently detrimental to the VA health care system. However, we have been carefully monitoring the process and are dedicated to ensuring the needs of special disability groups are addressed and remain a priority throughout the CARES process. As CARES has moved forward, we have continually emphasized that all specialized disability programs and services for spinal cord injury, mental health, prosthetics, and blind rehabilitation should be maintained at current levels as required by law. Additionally, we will remain vigilant and press VA to focus on the most important element in the process, enhancement of services and timely delivery of high quality health care to our nation's sick and disabled veterans.

Furthermore, local DAV members are aware of the proposed CARES Market Plans and what the proposed changes would mean for the communities and surrounding areas of VISN 17 North and Central Health Care Systems (N&CHCS). Stakeholders in all division areas have noted gaps in

hospital care access, capacity shortage, primary care capacity shortage, domiciliary care, and nursing home care accessibility. With the addition of Community-Based Outpatient Clinics, the Central Texas Sub Market generally demonstrates sufficient access to both primary care and inpatient services. However, the Austin area Sub Market continues to show a lack of access to primary care, and we feel that VISN 17 plans to develop a new specialty care hub co-located with inpatient capabilities will provide easier access to the area veterans. We are gratified that the VISN market plans take into account additional planning to ensure that veterans have reasonable access to the fullest continuum of care possible through a new health care and education consortium, which would provide inpatient capability.

We are somewhat appalled at the Commission's plans to discontinue all veteran care at the Waco campus, with the thought in mind to open a clinic between Marlin and Waco. I would first like to point out that there are only small farming communities in-between, none of which have facilities for such a clinic. The distance from Marlin's city limits to the current Waco campus is 30 miles through the Southeast area of Waco, which is the most direct route. Further, we would point out that Primary care would be severely restricted if transferred to the Temple Facility. Those veterans residing in the counties to the north and west of the Waco VAMC catchment area would find themselves confronted with the high volume of traffic on IH 35 which would add unnecessary time to their travels to obtain needed care. The need for timely inpatient mental health care is of great concern as well. In this regard we would urge the Commission to forgo discontinuance of inpatient care at this facility, and to continue with the plans to provide care for veterans from VISNs 16 and 18, as recommended by VISN 17, thus utilizing to the fullest the available space and assuring quality mental health care to all of Americas disabled veterans.

No discussion of services within the N&CHCS is complete without special attention being focused on the projected increase in primary care needs by 30% over the next seven (7) years. In this regard we applaud the recommendations of the VISN to increase the number of VA-staffed CBOCs by four (4) in the Central Market and seven (7) in the Northern Market. Not only will this increase accessibility but also will significantly reduce travel times to and from points of care.

In essence, we concur with the solutions proposed to realign and enhance the resources in VISN 17 N&CHCS. We feel the solutions are a straightforward and common sense approach to providing quality health care and specialty services. The main focus is primarily the accessibility of care whether standard care or that of a special nature. If veterans are unable to access the necessary medical care they are in need of, then the entire point of providing medical services to those who served is frivolous. The aforesaid proposals incorporate the ability to both redirect funding to allow for more access to the veterans in North and Central Texas as well as the accessibility to specialized care through private and/or continued VA means. The outcome expected is that for which CARES was established; to provide the best care possible to veterans with the resources available and to project these needs. We concur with the proposal for VISN 17 and look forward to implementation of these programs.

In closing, the local DAV members of VISN 17 sincerely appreciate the CARES Commission for holding this hearing and for its interest in our concerns. We deeply value the advocacy of this Commission on behalf of America's service-connected disabled veterans and their families. Thank you for the opportunity to present our views on these important proposals.